FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054	
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Velma Schrader	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7128247790 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	vschrader@chatmobility.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC F 401
(200) Service Outage Reporting (voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Data Coll	ection Form									2013	-0986/OIVIB CONTROLIN	10. 3060-0819
<010>	Study Area Co	nde				359054						
<015>	Study Area Na						ED PARTNERSHIP					
<020>	Program Year					2018	ED PARINERSHIP					
<030>	_		chould contac	t regarding this	- data	Velma Schra	4					
				erson identified		54.000.455.00						
<035>						302						
<039>				erson identified			hatmobility.com					
<210>	For the prior	r calendar yea	ar, were there	e any reportal	ole voice serv	ice outages?	No					
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage	_	
	Reference	_	Outage Start	_	_	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
	1	1	1	1				l			l	1

•	ulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054	
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com	
<300> U	nfulfilled service request (voice)	0	
<310> [Detail on attempts (voice)		
<320>	Name Unfulfilled service request (broadband)	of Attached Document	
<330>	Detail on attempts (broadband) N	ame of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 359054	
<015>	Study Area Name RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year 2018	
<030>	Contact Name - Person USAC should contact regarding this data	_
<035>	Contact Telephone Number - Number of person identified in data line <030> 7128247790 ext.	
<039>	Contact Email Address - Email Address of person identified in data line vschrader@chatmobility.com <030>	_
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054	
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com	
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes	
		359054ia510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	lles Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Function	ality in Emergency Situations	FCC Form 481
Data Collection	ı Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	359054ia610.pdf

• •	Offerings including Voice Rate Data		FCC Form 481		
Data Collect	ction Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010> Stu	tudy Area Code	359054			
<015> Stu	tudy Area Name	RSA 1 LIMITED PARTNERSHIP			
<020> Pro	rogram Year	2018			
<030> Co	ontact Name - Person USAC should contact regarding this data	Velma Schrader			
<035> Co	ontact Telephone Number - Number of person identified in data li	ne <030> 7128247790 ext.			
<039> Co	ontact Email Address - Email Address of person identified in data	ine <030> vschrader@chatmobility.com			
	idential Local Service Charge Effective Date gle State-wide Residential Local Service Charge				

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
ŀ									
ŀ									
					See at	tached worksheet			
					000 41	ica con con a vivor income con			
Ì									
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ŀ									
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	59054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (<i>select</i>)
					_			_	_

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		359054
<015>	Study Area Name		RSA 1 LIMITED PARTNERSHIP
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	vschrader@chatmobility.com
<810>	Reporting Carrier	RSA 1 Limited Partnership	
<811>	Holding Company	Name Not Available	
<812>	Operating Company	RSA 1 Limited Partnership	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N)	359054 RSA 1 LIMITED PARTNERSHIP 2018 Velma Schrader 7128247790 ext. vschrader@chatmobility.com No
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
 <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements. 	

	oice and Broadband Service Rate Comparability ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com
<1000> <1010>	Voice services rate comparability certification No Attach detailed description for voice services rate	
	comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

	o Terrestrial Backhaul Reporting lection Form	OM	C Form 481 MB Control No. 3060-0986/OMB Control No. 3060-0819 y 2013
<010>	Study Area Code	359054	
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP w	ww.chatmobility.com/lifeline/
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054	
<015>	,	RSA 1 LIMITED PARTNERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives		
	Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
	year three - 54.313(b)(2)(ii). Round 2 recipients only.		_
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap C	75) Price Cap Carrier Additional Documentation FCC Form 481			
Data Collection Fo		OMB Control No. 3060-0986/OMB Control No. 3060-	0819	
Including Rate-of-I	Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013		
Price Can	c Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification support used to build broadband			
	America Phase II Reporting {47 CFR § 54.313(e)}			
	Connect America Fund Phase II recipient?			
	· · · · · · · · · · · · · · · · · · ·			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for			
12027.0	capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor			
	institutions to which the carrier newly began providing access to	Name of Attached Document Listing		
	broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and			
	Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and			
	libraries universal service support program for eligible schools and			
	libraries located within any area in a census block where the carrier is			
	receiving Phase II model-based support, and that such bids were at rates			
	reasonably comparable to rates charged to eligible schools and libraries in			
	urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

accaciica b	clow is decarate.		
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR §		
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mormation	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement		
(3016)	and Statement of Cash Flows	Name of Attack of December Listing Remained	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(Yes/No) O	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobilitv.com

Plane tal Barta Communica	
Financial Data Summary	
(3027) Revenue	
, ,	
(3028) Operating Expenses	
(3029) Net Income	
,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(222) =	
(3032) Total Debt	
(3033) Total Equity	
(3033) Total Equity	
(3034) Dividends	
•	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data collection Form	July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> vschrader@chatmobility.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	ragraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.

vschrader@chatmobility.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

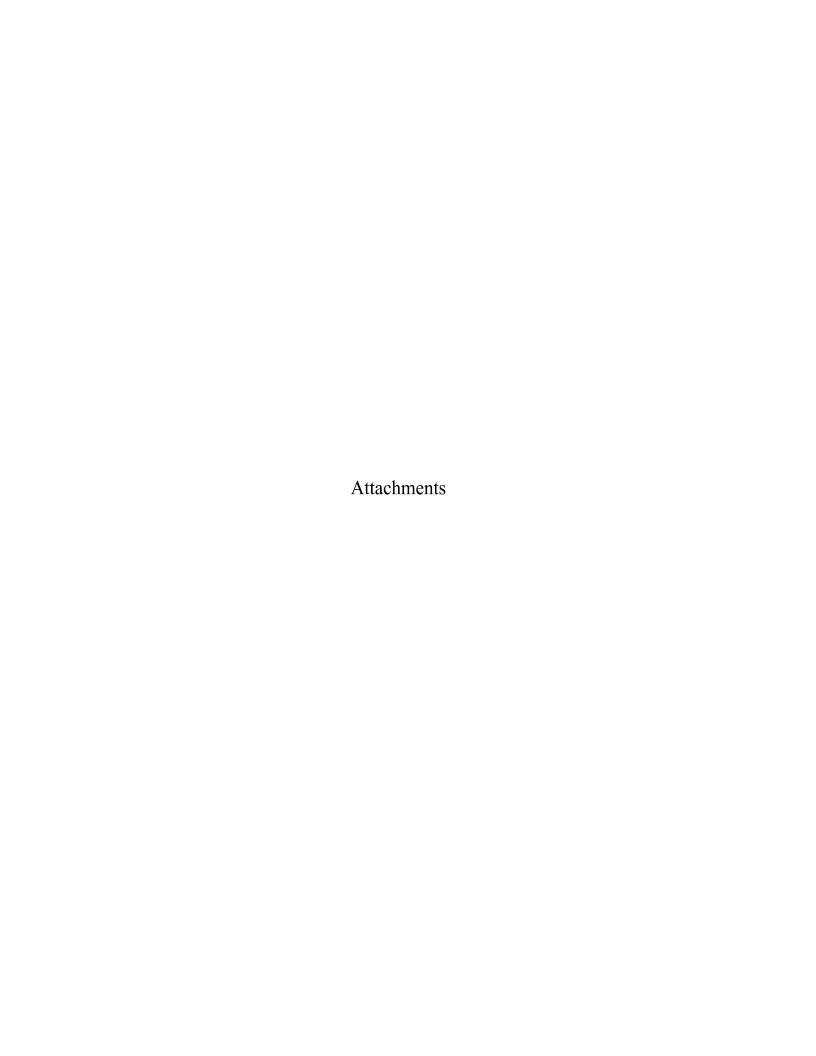
<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

I certify that (Name of Agent) <u>BKD LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent: BKD LLP						
Name of Reporting Carrier: RSA 1 LIMITED PARTNERSHIP						
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/21/2017					
Printed name of Authorized Officer: Mary Ungry						
Title or position of Authorized Officer: Administrative Assist	int					
Telephone number of Authorized Officer: 7128247790 ext.						
Study Area Code of Reporting Carrier: 359054	Filing Due Date for this form: 07/03/2017					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to	File Annual Reports for CAF or L	l Recipients on Behalf of Reportin	g Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the data reported herein based on data provided by the reporting carrier	•		
Name of Reporting Carrier: RSA 1 LIMITED PARTNERSHIE	2		
Name of Authorized Agent Firm: BKD LLP			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONI	LINE	Date:	06/21/2017
Name of Authorized Agent Employee: Bob Abrams			
Title or position of Authorized Agent or Employee of Agent Sr. Manag.	ing Consultant		
Telephone number of Authorized Agent or Employee of Agent: 6086649	110 ext.		
Study Area Code of Reporting Carrier: 359054	Filing Due Date for this form:	07/03/2017	
Persons willfully making false statements on this form can be punished l	by fine or forfeiture under the Communicati 18 of the United States Code, 18 U.S.C. § 1		fine or imprisonment under Title



FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. RSA 1 Limited Partnership certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: 359054 State: IA

Name: RSA 1 Limited Partnership

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

RSA 1 Limited Partnership certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2) for its continuing provision of voice and data services.

RSA 1 Limited Partnership also complies with Iowa Administrative Code §199-22.6(5), which requires an ETC to certify in its annual report it is complying with provisions to meet emergencies, including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected.

RSA 1 Limited Partnership certifies that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359054
<015>	Study Area Name	RSA 1 LIMITED PARTNERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Velma Schrader
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128247790 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	vschrader@chatmobility.com
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
IA			FR	40.0	0.0	0.0	0.0	40.0